APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs:: 0

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF:: 0

Title:: Characterizing Relationships in

Social Networks

Attorney Docket Number:: CAP-001

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 8

Small Entity?:: Yes

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Paul

Middle Name::

Family Name:: Trevithick

Name Suffix::

City of Residence:: Roslindale

State or Province of Residence:: Massachusetts

Country of Residence:: US

Street of Mailing Address:: 9 Chisholm Road

City of Mailing Address:: Roslindale

State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 02131-4519

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John Middle Name:: H.

Family Name:: Clippinger

Name Suffix::

City of Residence:: Jefferson

State or Province of Residence:: New Hampshire

Country of Residence:: US

Street of Mailing Address:: Frank Kenison Road

City of Mailing Address:: Jefferson

State or Province of Mailing Address:: New Hampshire

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 03583

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/270,752	02/22/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
<u>.</u>			

Assignee Information

Assignee Name::

Parity Communications, Inc.

City of Mailing Address::

Boston

State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: U.S.A.